RE: *CONN- SELMER 039-16702-00010*

TO: Interested Parties / Applicant

FROM: Paul Dubenetzky February 17, 2003

Chief, Permits Branch Office of Air Quality

Notice of Decision - Approval

Please be advised that on behalf of the Commissioner of the Department of Environmental Management, I have issued a decision regarding the enclosed matter. Pursuant to 326 IAC 2, this approval was effective immediately upon submittal of the application.

If you wish to challenge this decision, IC 4-21.5-3-7 requires that you file a petition for administrative review. This petition may include a request for stay of effectiveness and must be submitted to the Office Environmental Adjudication, ISTA Building, 150 W. Market Street, Suite 618, Indianapolis, IN 46204, within eighteen (18) calendar days from the mailing of this notice. The filing of a petition for administrative review is complete on the earliest of the following dates that apply to the filing:

- (1) the date the document is delivered to the Office of Environmental Adjudication (OEA);
- (2) the date of the postmark on the envelope containing the document, if the document is mailed to OEA by U.S. mail; or
- (3) The date on which the document is deposited with a private carrier, as shown by receipt issued by the carrier, if the document is sent to the OEA by private carrier.

The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by the decision or otherwise entitled to review by law. Please identify the permit, decision, or other order for which you seek review by permit number, name of the applicant, location, date of this notice and all of the following:

- (1) the name and address of the person making the request;
- (2) the interest of the person making the request;
- (3) identification of any persons represented by the person making the request;
- (4) the reasons, with particularity, for the request;
- (5) the issues, with particularity, proposed for considerations at any hearing; and
- (6) identification of the terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing documents of the type issued by the Commissioner.

If you have technical questions regarding the enclosed documents, please contact the Office of Air Quality, Permits Branch at (317) 233-0178. Callers from within Indiana may call toll-free at 1-800-451-6027, ext. 3-0178.

Enclosures FNPERAM.wpd 8/21/02

February 17, 2003

Mr. Don J. Schnell Conn-Selmer Inc., Vincent Bach Division 500 Industrial Parkway Elkhart, Indiana 46516

> Re: 039-16702-00010 First Administrative Amendment to Part 70 T039-7813-00010

Dear Mr. Schnell:

Vincent Bach, A Division of Selment was issued a permit on January 4, 2001 for a stationary musical instrument manufacturing source. A letter requesting a change of operating name was received on January 28, 2003. Pursuant to the provisions of 2-7-11(a)(1)and (4) the permit is hereby administratively amended as follows:

Vincent Bach, A Division of Selmer submitted a request January 28, 2003 to change their operating name to Conn-Selmer Inc., Vincent Bach Division, 500 Industrial Parkway, Elkhart, Indiana 46516. This was not a transfer of ownership. Permit was changed to reflect the new name.

Mr. Don Schnell, Facilities Manager, remained as the Responsible Official. Mr Schnell meets the requirements of 326 IAC 2-7-1(34)(A)(vi).

Significant Permit Modification 039-14696-00010, issued on November 12, 2001 showed fifty-four (54) pages to the permit. When the original Part 70 was issued there were fifty three pages to the permit. The reporting forms were updated reflecting the new operating name and the page numbers were corrected to reflect the correct page numbers and total. Due also to a recent name change all references to the Office of Air Management (OAM) were changed to reflect the new name of the Office of Air Quality (OAQ). No other changes were made to the permit.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely, Original signed by

Paul Dubenetzky, Chief Permits Branch Office of Air Quality

Attachments: Replacement Pages

PD/gkf

cc: File - Elkhart County

Elkhart County Health Department

Air Compliance Section Inspector - Tony Pelath

Compliance Data Section - Karen Ampil

IDEM Northern Regional Office

Permit Review Section 1 - Gary Freeman

Air Programs - Chet Bohannon

PART 70 OPERATING PERMIT OFFICE OF AIR QUALITY

Conn-Selmer Inc., Vincent Bach Division 500 Industrial Parkway Elkhart, Indiana 46516

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

| Operation Permit No.: T 039-7813-00010 | | |
|--|---|--|
| Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Quality | Issuance Date: January 4, 2001 Expiration Date: January 4, 2006 | |

First Significant Permit Modification 039-14696-00010, issued November 12, 2001

| First Administrative Amendment: 039-16702-00010 | Pages Affected: 48, 49, 50, 51, and 52 |
|---|--|
| Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality | Issuance Date: February 17, 2003 |

Page 48 of 53 T 039-7813-00010

Permit Reviewer: CAO/MES

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY AIR COMPLIANCE BRANCH

PART 70 OPERATING PERMIT CERTIFICATION

Source Name: Conn-Selmer Inc., Vincent Bach Division
Source Address: 500 Industrial Parkway, Elkhart, Indiana 46516
Mailing Address: 500 Industrial Parkway, Elkhart, Indiana 46516

Part 70 Permit No.: T 039-7813-00010

| This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit. | | | |
|---|------------------------|---------------------------|--|
| | Please check what doc | ument is being certified: | |
| 9 | Annual Compliance Ce | rtification Letter | |
| 9 | Test Result (specify) | | |
| 9 | Report (specify) | | |
| 9 | Notification (specify) | | |
| 9 | Affidavit (specify) | | |
| 9 | Other (specify) | | |
| | | | |
| I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete. | | | |
| Signature: | | | |
| Printed Name: | | | |
| Title/Position: | | | |
| Dat | e: | | |

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Permit Reviewer: CAO/MES

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY

COMPLIANCE BRANCH

P.O. Box 6015 100 North Senate Avenue Indianapolis, Indiana 46206-6015 Phone: 317-233-5674 Fax: 317-233-5967

PART 70 OPERATING PERMIT EMERGENCY OCCURRENCE REPORT

Source Name: Conn-Selmer Inc., Vincent Bach Division
Source Address: 500 Industrial Parkway, Elkhart, Indiana 46516
Mailing Address: 500 Industrial Parkway, Elkhart, Indiana 46516
Part 70 Permit No.: T 039-7813-00010

This form consists of 2 pages

Page 1 of 2

9

This is an emergency as defined in 326 IAC 2-7-1(12)

- The Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
- The Permittee must submit notice in writing or by facsimile within two **2**) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16.

If any of the following are not applicable, mark N/A

| Facility/Equipment/Operation: | | |
|---|--|--|
| | | |
| | | |
| Control Equipment: | | |
| | | |
| | | |
| Permit Condition or Operation Limitation in Permit: | | |
| | | |
| | | |
| Description of the Emergency: | | |
| | | |
| | | |
| Describe the cause of the Emergency: | | |
| | | |
| | | |

Conn-Selmer Inc., Vincent Bach Division Elkhart, Indiana Permit Reviewer: CAO/MES First Administrative Amendment 039-16702 Amended by: Gary Freeman Page 50 of 53 T 039-7813-00010

| If any of the following are not applicable, r | nark N/A | Page 2 of 2 |
|--|--|-------------|
| Date/Time Emergency started: | | |
| Date/Time Emergency was corrected: | | |
| Was the facility being properly operated Describe: | at the time of the emergency? Y N | |
| Type of Pollutants Emitted: TSP, PM-10 | , SO ₂ , VOC, NO _X , CO, Pb, other: | |
| Estimated amount of pollutant(s) emitted | d during emergency: | |
| Describe the steps taken to mitigate the | problem: | |
| Describe the corrective actions/response | e steps taken: | |
| Describe the measures taken to minimize | ze emissions: | |
| | continued operation of the facilities are necessary tage to equipment, substantial loss of capital invest leconomic value: | |
| Form Completed by: | | |
| Title / Position: | | |
| | | |
| Date: | | |
| Phone: | | |

Conn-Selmer Inc., Vincent Bach Division Elkhart, Indiana

First Administrative Amendment 039-16702 Amended by: Gary Freeman Page 52 of 53 T 039-7813-00010

Permit Reviewer: CAO/MES

Source Name:

Response Steps Taken:

A certification is not required for this report.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE DATA SECTION

PART 70 OPERATING PERMIT QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT

Conn-Selmer Inc., Vincent Bach Division

500 Industrial Parkway, Elkhart, Indiana 46516 Source Address: 500 Industrial Parkway, Elkhart, Indiana 46516 Mailing Address: Part 70 Permit No.: T 039-7813-00010 Months: _____ to ____ Year: ____ Page 1 of 2 This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period". 9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD. 9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD **Permit Requirement** (specify permit condition #): **Duration of Deviation:** Date of Deviation: **Number of Deviations: Probable Cause of Deviation:** Response Steps Taken: **Permit Requirement** (specify permit condition #): Date of Deviation: **Duration of Deviation: Number of Deviations: Probable Cause of Deviation:**

| | | Page 2 of 2 | | |
|--|---------------------------------------|------------------------|--|--|
| Permit Requirement (specify permit condition #): | | | | |
| Date of Deviation: | | Duration of Deviation: | | |
| Number of De | viations: | | | |
| Probable Cau | se of Deviation: | | | |
| Response Ste | ps Taken: | | | |
| Permit Requir | rement (specify permit condition #): | | | |
| Date of Devia | ation: | Duration of Deviation: | | |
| Number of De | viations: | | | |
| Probable Cause of Deviation: | | | | |
| Response Ste | ps Taken: | | | |
| Permit Requi | rement (specify permit condition #): | | | |
| Date of Deviation: | | Duration of Deviation: | | |
| Number of De | viations: | | | |
| Probable Cau | se of Deviation: | | | |
| Response Steps Taken: | | | | |
| | 9 No deviation occurred in this | month. | | |
| | 9 Deviation/s occurred in this month. | | | |
| | Deviation has been reported on: | | | |
| Submitted by: | | | | |
| | Title/Position: | | | |
| | Signature: | | | |
| | Date: | | | |
| | Phone: | | | |

Attach a signed certification to complete this report.